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ABSTRACT

This 1996-97 end-of-year report presents data from the Colorado Department of Education on their Comprehensive Health Education Programs, which was a response to the Colorado Comprehensive Health Education Act of 1990. During the 1996-97 school year, 54 projects were funded in school districts across the state to promote health education, reduce risk, and improve academic performance. The 54 programs and their local Health Advisory Councils worked to develop a comprehensive approach to health in their communities. This report summarizes the distribution of grant funding and primary trends across grantees with regard to: local collaboration; integration of comprehensive health education (CHE) with other school health and prevention initiatives; stories and anecdotes from grantees; outcomes for students; outcomes for the school/district/BOCES; and outcomes for the community. Overall, 28 CHE grants were awarded, with 23 going to school districts, one demonstration grant continuing for the 5th year, 2 BOCES grants, and 2 individual school grants. The report notes challenges and barriers to success, focusing on process barriers, implementation barriers, resource barriers, and evaluation barriers. (SM)

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ED 418 932

Comprehensive Health Education Act of 1990

A Summary of Funded Programs and Their Impact

December 1997

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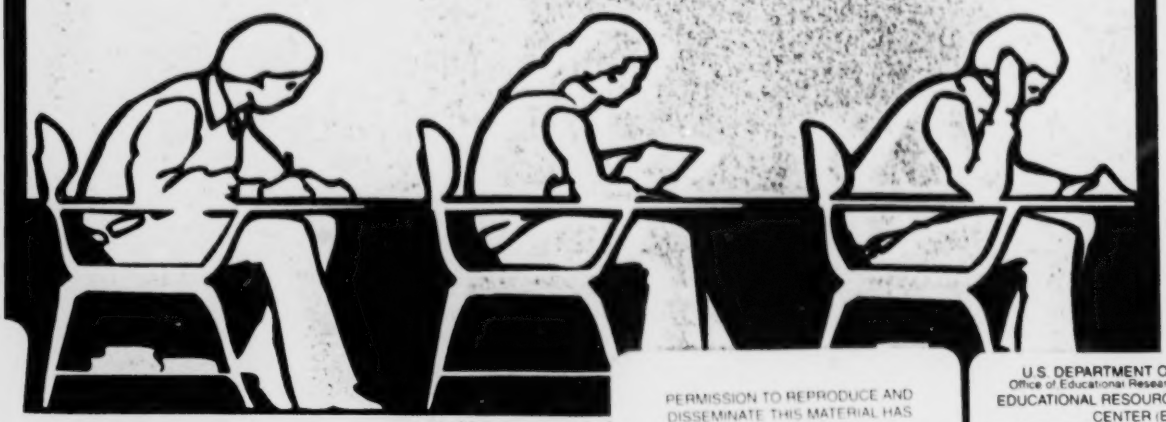

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Comprehensive Health Education Act of 1990

1996-97 End Of Year Report

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William J. Moloney
Commissioner of
Education

Richard A. Laughlin
Deputy Commissioner

December, 1997

I am pleased to provide the 1996-97 End-of-Year Report on Comprehensive Health Education to you.

Healthy students are better learners. Through the Colorado Comprehensive Health Education Act of 1990, 54 projects were funded in school districts across the State during 1996-97 to promote health education and prevention of risk behavior and thus, improve academic performance. All of the funded programs were in compliance with the expressed intent of the legislation. The impressive results of the activities and programs are outlined in this report.

Through parent meetings, town forums, school and community health assessments, curriculum reviews, teacher trainings, student-led activities and classroom teaching involving parents and the community, the locally-based model for comprehensive health education has become a true collaborative effort. Local Health Advisory Councils have become institutionalized in school districts across Colorado, with responsibility for such issues as safe and drug-free campuses, tobacco-free schools, healthy nutrition programs, pleasing school environments and student health fairs. When these strategies are combined with the efforts at home and in the community to promote and model health lifestyles, a united and effective message is given to our children.

During 1996-97, a renewed effort was made to assess the impact of the school district programs on the health knowledge, attitudes and behaviors of the students in the programs. A results-based evaluation model was adopted by the State Advisory Board for Comprehensive Health Education last Spring, and the programs were asked to report their year end data in terms of results and impact on the students. This approach will lead to a statewide picture of the success and impact of the program over the next few years, as more and more school districts become familiar with the evaluation model. This is an exciting step forward and will provide an accountability measure at both the local and state levels for implementation of the program.

The 54 projects and their local Health Advisory Councils represented in this document have worked tirelessly over the past year to develop a comprehensive approach to health in their communities. Their work has touched thousands of students, their parents and their communities with a positive message of health and prevention of risk behavior. I would encourage you to contact any of them to learn more about their successes.

Sincerely,

Dr. William R. Moloney
Commissioner of Education
State of Colorado

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EVALUATION FRAMEWORK
COMPREHENSIVE HEALTH EDUCATION

THE PHILOSOPHY OF RESULTS-BASED EVALUATION

The evaluation framework outlined here employs a ***results-oriented approach***. This approach is often referred to as "***impact evaluation***." It attempts to document ***what works*** in comprehensive health education and serves as a feedback mechanism for programs to monitor their progress toward achieving their desired results.

Many evaluations, often called "process evaluations," measure characteristics of program participants and staff and document their participation in the program; the downfall of this sort of the evaluation is that it doesn't tell you if a particular program has made an impact toward achieving the purpose behind the program. By contrast, this evaluation framework is an important advance because it asks the programs to assess what they actually "do" (activities) in relation to whether it actually accomplishes the results they hope to obtain. This provides a stronger accountability framework than a "process evaluation." It also requires understanding the context of implementing a comprehensive health education model in a particular community by acknowledging the characteristics of the students, school/district/staff, parents, and community. Finally, this evaluation model requires an articulation of the indicators that would be necessary to: first, define that the desired results have been achieved, and, second, the milestones to indicate the system is moving toward achieving those results.

The "umbrella chart" which follows overviews this results-based approach to evaluation. The umbrella contains the principles that should guide the implementation of a comprehensive health education program. These were drawn from the Act, the State Advisory Board, the local program staff, and other sources of best practice information. The boxes below the umbrella overview the four types of data which outline our data collection this year. The intent is to be able to determine, on a periodic basis, whether each program is achieving its intended results. Explanations of key words follow, beginning at the right of the diagram:

- **Results** This is the end-result. This is what a program intends to achieve. For comprehensive health education, the ultimate results were drawn directly from the Act and are in three domains: (1)results for students; (2)results for the school/district/staff; and (3)results for the community. Results must be able to be translated into measurable indicators.

- **Milestones** The measurements of progress that allow us to know if we are on the right path to achieving good results. Interim results are important during implementation so programs can modify their strategies as they see how they might improve their program implementation.

- **Need/ Capacity** We've skipped to the box on the far left. This is the context. It documents child, family, school, district, and community characteristics that determine what is possible to achieve.

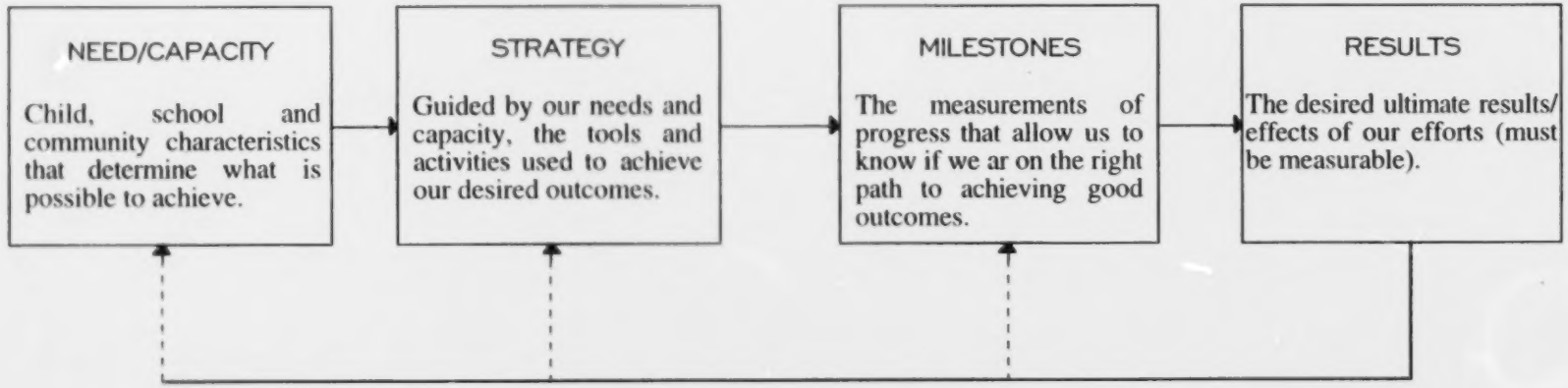
- **Strategy** This is the "process evaluation." It measures the implementation of the program. Beyond the direct implementation of the comprehensive health education program, other programs implemented in the school and community that could potentially affect the goals should be accounted for in this conceptual area.

In the pages that follow, documentation of each program's strategies and progress toward meeting the desired results articulated in the Act for students, the school/district/BOCES, and the community. In the programs' application for funds in the '97-'98 year, they were each asked to set one and three year goals in each of these domains. This format will then be employed next year to document more thoroughly progress toward meeting the desired results.

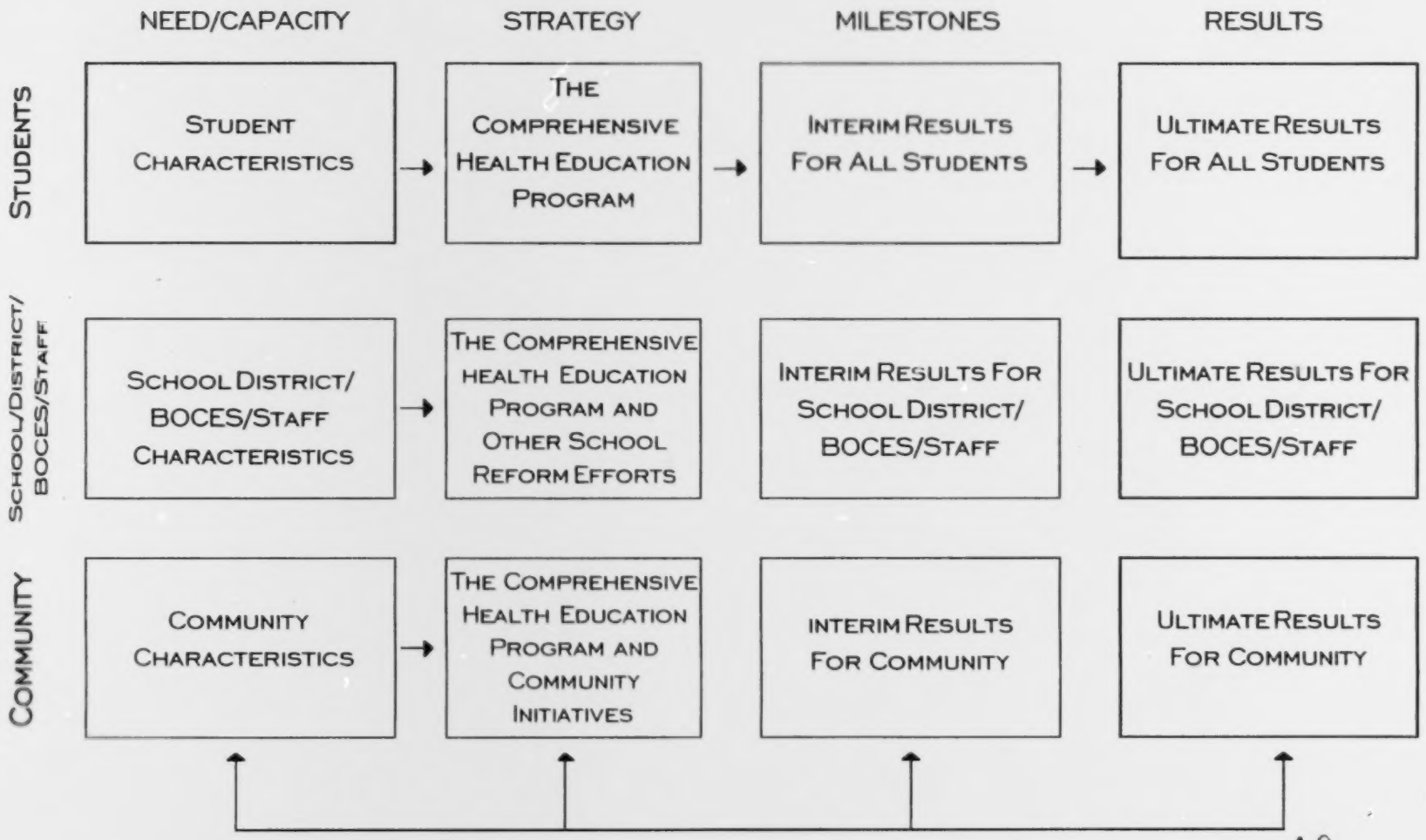
COMPREHENSIVE HEALTH EDUCATION
RESULTS-BASED EVALUATION

PRINCIPLES

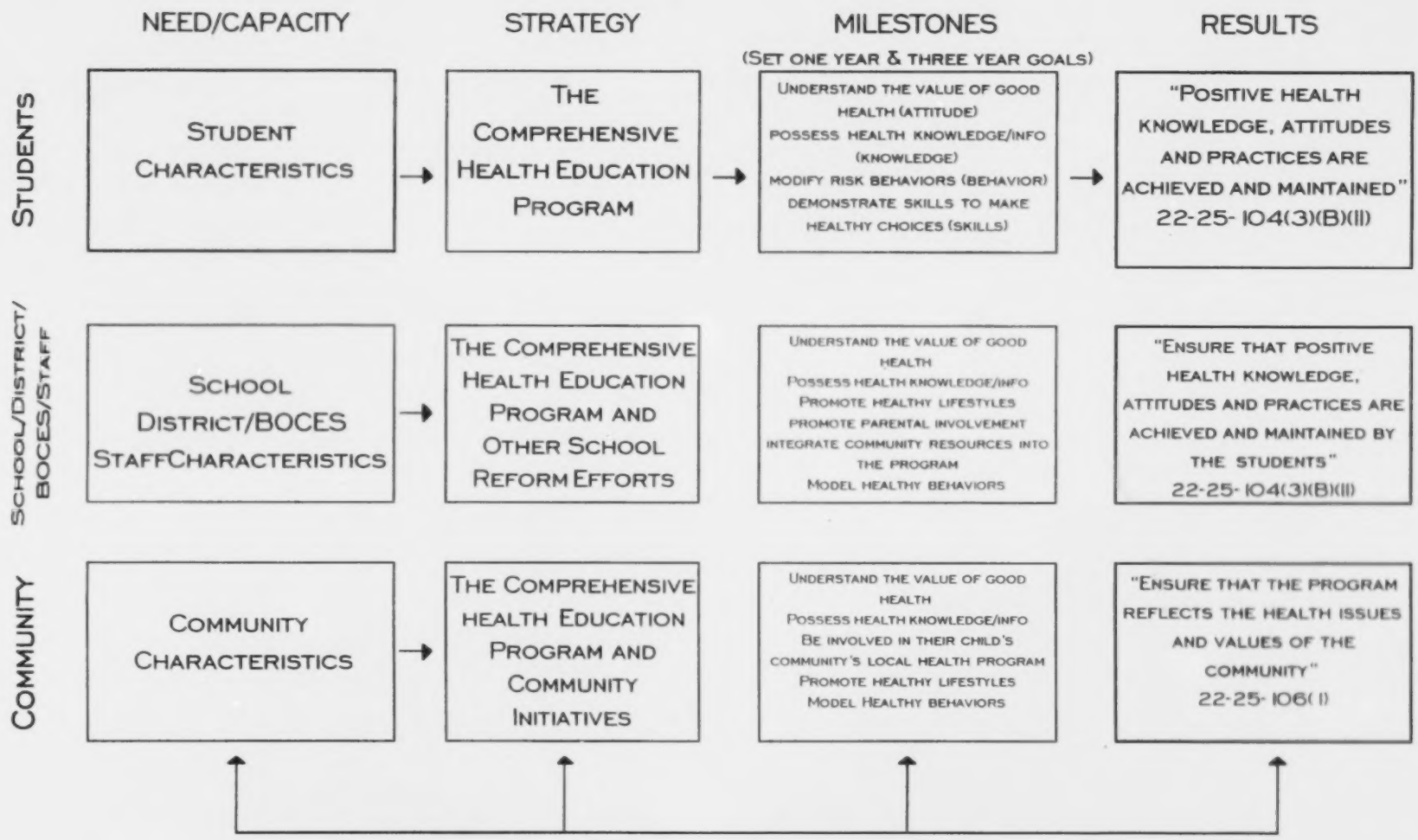
All children deserve to be healthy
Build on strengths as well as address risk issues
Stress prevention as well as intervention
Parents, families and community members are active partners with the schools for health education
Students are part of the planning and implementation
Staff is well trained and professionally prepared to deliver health education and activities
Measurable goals and objectives are defined
Research and evaluation provides evidence that strategies are effective
Evaluations refine and improve the program
Behavior change occurs through acquisition of knowledge and skills and the development of positive health attitudes
A preK-12th grade comprehensive approach is more effective than categorical approaches to prevent risk behavior


NEED/CAPACITY
Child, school and community characteristics that determine what is possible to achieve.
STRATEGY
Guided by our needs and capacity, the tools and activities used to achieve our desired outcomes.
MILESTONES
The measurements of progress that allow us to know if we ar on the right path to achieving good outcomes.
RESULTS
The desired ultimate results/ effects of our efforts (must be measurable).

CONCEPTUAL MODEL FOR EVALUATION OF COMPREHENSIVE HEALTH EDUCATION IN COLORADO



YOUR MODEL
COMPREHENSIVE HEALTH EDUCATION


NEED/CAPACITY
STRATEGY
MILESTONES
(SET ONE YEAR & THREE YEAR GOALS)
RESULTS
STUDENTS
STUDENT CHARACTERISTICS
THE COMPREHENSIVE HEALTH EDUCATION PROGRAM
UNDERSTAND THE VALUE OF GOOD HEALTH (ATTITUDE)
POSSESS HEALTH KNOWLEDGE/INFO (KNOWLEDGE)
MODIFY RISK BEHAVIORS (BEHAVIOR)
DEMONSTRATE SKILLS TO MAKE HEALTHY CHOICES (SKILLS)
"POSITIVE HEALTH KNOWLEDGE, ATTITUDES AND PRACTICES ARE ACHIEVED AND MAINTAINED"
22-25-104(3)(B)(II)
SCHOOL/DISTRICT/BOCES/STAFF
SCHOOL DISTRICT/BOCES STAFFCHARACTERISTICS
THE COMPREHENSIVE HEALTH EDUCATION PROGRAM AND OTHER SCHOOL REFORM EFFORTS
UNDERSTAND THE VALUE OF GOOD HEALTH
POSSESS HEALTH KNOWLEDGE/INFO
PROMOTE HEALTHY LIFESTYLES
PROMOTE PARENTAL INVOLVEMENT
INTEGRATE COMMUNITY RESOURCES INTO THE PROGRAM
MODEL HEALTHY BEHAVIORS
"ENSURE THAT POSITIVE HEALTH KNOWLEDGE, ATTITUDES AND PRACTICES ARE ACHIEVED AND MAINTAINED BY THE STUDENTS"
22-25-104(3)(B)(II)
COMMUNITY
COMMUNITY CHARACTERISTICS
THE COMPREHENSIVE HEALTH EDUCATION PROGRAM AND COMMUNITY INITIATIVES
UNDERSTAND THE VALUE OF GOOD HEALTH
POSSESS HEALTH KNOWLEDGE/INFO
BE INVOLVED IN THEIR CHILD'S COMMUNITY'S LOCAL HEALTH PROGRAM
PROMOTE HEALTHY LIFESTYLES
MODEL HEALTHY BEHAVIORS
"ENSURE THAT THE PROGRAM REFLECTS THE HEALTH ISSUES AND VALUES OF THE COMMUNITY"
22-25-106(1)

SUMMARY

This summary overviews the distribution of grant funding and summarizes primary trends across grantees with regard to:

- Local collaboration
- Integration of Comprehensive Health Education (CHE) with other school health and prevention initiatives
- Stories and anecdotes
- Outcomes for students
- Outcomes for the school/district/BOCES
- Outcomes for the community

GRANTEES

Twenty-eight CHE grants were awarded in the '96-'97 School Year. Twenty-three were awarded to school districts. One demonstration grant continued for the fifth year. Two BOCES and two individual schools also received grants.

In addition to the demonstration grant, four districts and one individual school received a fifth year of funding. Three districts and one BOCES received a fourth year of funding. One district and one BOCES were granted a third year of funding. Four districts were in their second year of funding. Six districts and the other individual school received first year grants to implement CHE. Five districts received a first year planning grant.

LOCAL COLLABORATION:

Significant variation exists in the extent and type of community collaboration the CHE grantees have established. Representation on advisory boards is the most common means of interaction with the community; however, collaboration with the community can also include: coordination or participation in special events, funding activities, and relationships with state or national level organizations.

All grantees have advisory boards. This local representation is often used to gain community input into decisions regarding CHE policy and implementation. It also serves as a method for developing coordination, cooperation, and collaboration with other organizations with which the board members are associated. For example, a board member who is also a member of the Rotary Club may be able to secure Rotary Club support for a health education fair. Less often, board members may assist in actually implementing a CHE activity. For instance, a physician CHE board member may volunteer his time to speak to science classes in the school.

In addition to school/district/BOCES personnel, board membership most often includes parents of students in the district, local public and private health care

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professionals, law enforcement officers, and staff of community-based prevention initiatives. Membership less often includes representatives of local business, clergy, universities or colleges, neighborhood organizations, professional organizations, and local government.

In addition to board membership, collaboration with the community often involves:

- presentations to classes, school assemblies, and parent/student workshops
- interactive booths at health fairs
- sharing facility space for special events
- co-sponsoring or providing donations (teeshirts, food, etc.) for health events
- funding on-going components of the health education program (e.g., conflict mediation classes)
- providing health services at low or no cost to students (e.g., dental sealants)
- joint use of survey results/needs assessments to prioritize community needs and activities

Collaboration outside of the community has been established by several programs. This is most commonly relationships with organizations such as the American Cancer Society, the American Lung Association, and the American Medical Association, to assist the schools in developing or selecting specific curricula or planning special events, such as the Great American Smokeout.

In addition, eleven programs established a relationship with the Rocky Mountain Center for Health Promotion and Education (RMCHPE) to educate district and school staff on particular aspects of CHE and to help them review and select appropriate curricula. The RMCHPE is also significantly involved in developing an assessment process to measure achievement of national health standards. The Mid Continent Regional Education Laboratory (McREL) worked with three grantees on curricular and process issues.

Finally, seven of the programs reported they have developed a collaboration with the Search Institute this year. The Search Institute's Colorado initiative is called "Assets for Colorado Youth (ACY)." ACY is a community education and mobilization effort to encourage citizens to support youth in developing assets. The grantees have embraced this positive approach as an umbrella to link their various prevention efforts together under one theme.

In general, the longer a grantee has been funded in CHE the broader the scope of their relationships outside of the school. However, some of the first year programs have made great strides to develop relationships in the community. Regardless of length of funding, all school districts should continue to develop community relationships to build awareness and strengthen support for health education.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

Integration of comprehensive health education into other school-based health and prevention initiatives seems obvious but is a task which requires a substantial time commitment by school/district/BOCES personnel. This integration occurs in two ways: integrating health curriculum into other academic areas and coordinating this prevention effort with other efforts impacting the same students.

Sixteen schools/districts/BOCES reported dedicating significant time to developing a planned, sequential comprehensive health education curriculum. To be most effective, this curriculum should not be taught separately but should be integrated throughout the school curriculum, environment, and activities. Toward this end, grantees have sought the input and the participation of teachers from other curricular areas; most frequently, the science and physical education curricula have been the starting place. Because this effort to integrate the health curriculum into other academic areas impacts many other school issues, the process of achieving integration is often quite lengthy. The two schools/districts/BOCES who have achieved substantial progress integrating their curricula report a high level of support for CHE by teachers.

Other ways programs have integrated health education into the school include: developing policies regarding substance use near campus (e.g., tobacco free zone) and enhancing the food and beverage choices at the school to be more nutritious. Where school-based health centers exist, substantial coordination in delivering health education and health services has been achieved.

Often grants resulting from different funding streams work together to host special events or deliver prevention services. For example, the Drug and Alcohol Resistance Education (DARE) and Gang Resistance Education and Training (GREAT) programs are often used by grantees as a mechanism to deliver specific aspects of the health education curriculum. Nearly all grantees noted they coordinate their Safe and Drug Free Schools (SDFS) and CHE efforts; nine share advisory board members, and two have developed joint advisory boards. The Colorado Preschool Program, Headstart, Title 1, Title IV, district and building accountability committees, and parent teacher organizations often work together with CHE programs to provide activities such as conflict resolution, conflict mediation, student assistance programs, peer mediation, peer counseling, family strengthening, and special events.

STORIES AND ANECDOTES:

Grantees who have implemented CHE often have stories and anecdotes on how the supports they offered through their CHE work have positively impacted particular students. Several of these stories are summarized in the following section describing the work of each grantee. These stories clearly demonstrate how these programs are making an impact on students' health knowledge, attitudes, skills, and behavior. The purpose of this evaluation framework, however, is to encourage programs to tie the activities they pursue with the desired outcomes, or results, as articulated in the Act.

In addition to encouraging stories about the impact of CHE efforts on individual students, programs reported stories in the following areas:

- The Assets for Colorado Youth paradigm shift to a positive approach that promotes ideas for what adults can do for kids, rather than what's wrong with kids, helped several grantees gain momentum and bring additional support to their CHE efforts.
- The impact of workshops and special events for students, families and community members.
- The success of community forums and other efforts to reach out to the greater community in securing support and, in some cases, additional resources for the CHE initiative.
- Both state and national recognition of local CHE leaders and innovations.
- Formal recognition of the need for health education and approval of health education standards and strategic plans by the district.
- Particular events or visits which helped overcome a certain amount of teacher resistance to CHE.

We noticed two additional themes. It appears that most of these communities have moved beyond "values" discussions and have either worked through these issues toward consensus or have recognized the full scope of the CHE umbrella and are focusing on a larger set of issues and activities. At the same time, programs often mentioned an important characteristic of their program is its effort to build recognition in students of personal responsibility in making healthy decisions.

OUTCOMES

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

A range of activities have been put into place with the intent of influencing this student outcome. Most commonly, an effort to implement an integrated, planned, and sequential health education curriculum has been the primary activity.

Student health fairs, guest speakers, student assistance teams or programs, student leadership conferences, conflict resolution or mediation trainings, and physical fitness events are other activities intended to directly impact student health knowledge, attitudes, skills, and behavior.

Impacts

The areas of desired impact for student health education are listed below. Grantees need to demonstrate with *measurable indicators* they have impacted these areas for students:

- Understand the value of good health (attitude)
- Possess health knowledge and information (knowledge)
- Demonstrate skills to make healthy choices (skills)
- Modify risk behaviors (behavior)

Most programs are not yet able to directly demonstrate impact beyond the stories and anecdotes. However, a few did. They are listed below:

- In Hayden, after an alcohol free after-prom party, no accidents were reported.
- Also in Hayden, more students requested to participate on the health advisory committee (indicating healthy attitudes).
- In Summit County, a secondary student trained in CPR and first aid was able to take action when a student received a serious head injury and an adult was not immediately available.
- In Monte Vista, there has been a reduction in student smoking during school hours due to the establishment of a tobacco-free zone.
- In the St. Vrain School District, a smoking diversion and cessation pilot program resulted in lower tobacco use.
- Also in St. Vrain, students reported the importance of health education in a course evaluation (reflecting healthy attitudes).
- At the UNC Laboratory School, every student who received the Change Maker curriculum reported they learned new skills for helping themselves and/or others. Two students reported they actually changed their own behavior (e.g., avoided fights) because of what they learned. Two others reported they taught their parents about what they had learned.

SCHOOL/ DISTRICT/ BOCES:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"
22-25-104(3)(B)(II)

Activities

Every grantee dedicated a substantial period of time to planning and coordinating activities to support implementation of comprehensive health education. These activities included:

- Developing and obtaining approval for health standards
- Researching, reviewing, establishing, or enhancing the CHE curriculum
- Researching or piloting health education assessments
- Efforts to integrate health education with other curricular areas
- Attending trainings and workshops
- Staff wellness activities
- Coordinating and collaborating with other health and prevention initiatives

Impacts

The areas of desired impact for staff to support student are listed below. Grantees need to demonstrate with *measurable indicators* they have impacted these areas for staff:

- Understand the value of good health
- Possess health knowledge and information
- Promote parental involvement
- Integrate community resources into the program
- Model healthy behaviors

There are several examples of grantees securing significant community resources and promoting parental involvement, as described in the collaboration section above. However, most programs are not yet able to directly demonstrate impact beyond stories and anecdotes in the other areas. Again, a few did. They are listed below:

- In Summit County, a survey of participants in the Positive Parenting Workshop indicated that because of the workshop, they plan to significantly change their parenting methods.
- St. Vrain School District had staff participate in the American Heart Association's Slim for Life Program. Eighteen employees began and eleven finished. Total weight loss was 74 pounds; the greatest individual loss was 10.75 pounds.
- In Ft. Lupton, a pre and post test of teachers delivering health education and members of the Health Education Advisory Committee demonstrated a substantial increase in the level of comprehensive health education knowledge and understanding.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

Efforts to involve the community in guiding and supporting CHE was perhaps the area with the most variation in the grantees' approach. Some programs rely heavily on their community to guide and support their activities; others are more insular to the school/district professionals. The range of activities in this domain included:

- Community representation on the advisory board
- Community speakers at school functions
- Community forums to share information and gather input
- Accessing community expertise and resources to implement special events or specific prevention initiatives
- Accessing community resources to provide students with needed services (e.g., dental care, drug and alcohol treatment)

Impacts

The areas of desired impact to ensure the program reflects the health issues and values of the community are listed below. Grantees need to demonstrate with *measurable indicators* they have impacted these areas for the community:

- Understand the value of good health
- Possess health knowledge and information
- Be involved in the child's and community's local health program
- Promote healthy lifestyles
- Model healthy behaviors

Similar to the student and school/district/BOCES outcomes, in some cases, substantial efforts have been made toward these impacts. Unfortunately, most are not reported in a measurable manner. A few examples are provided below:

- In Clear Creek County, the information provided in the public presentations lent continuing support to a variety of activities designed to promote healthy choices among the youth in the community (after-prom parties, the skate board park, alternative activities for youth, a peer leadership program, and a mock DUI incident).
- In the West Grand School District, of 50 advisory board members, 25 attend regularly.

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FIVE YEARS OF COMPREHENSIVE HEALTH EDUCATION FUNDING

DISTRICT	GRANT AMOUNT
Garfield County RE-1 School District (Roaring Fork)*	$34,456
Douglas County School District RE-1	$19,660
Routt County School District RE-1	$16,000
Weld County School District RE-3J	$15,000
Arapahoe County School District 5 (Cherry Creek)	$10,325
El Paso County School District 11 Washington Irving Middle School	$ 3,185

* Demonstration grant

GARFIELD COUNTY SCHOOL DISTRICT RE-1

ROARING FORK SCHOOL DISTRICT
Glenwood Springs, CO

Contact: Abby Lochhead
(970) 945-6558

LOCAL COLLABORATION:

- The Roaring Fork community embraced the Developmental Assets paradigm for promoting healthy behaviors in collaboration with the Search Institute. Over 300 people attended a town meeting to learn about the Assets initiative. Four months later, community members still bring the list of assets as a reference to meetings.
- The Roaring Fork Health Council has substantial community representation including: the Family Visitor Program, the director of the Basalt Family Resource Center, a clergy member, an educator for the Advocate Safehouse Project, and students from Colorado Mountain College. Other community organizations with which the health council collaborates include the Coalition for Families, Healthy Mountain Communities, the Parent Network, the Valley Partnership for Drug Prevention, Lasso Tobacco Colorado, Garfield Youth Services, and Redefining Actions and Decisions.
- The Wild Rose, a local bakery, donated space and expertise to assist high school students make 1000 asset "fortune cookies."

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- Three members of the health council were also members of the district's strategic planning committee.
- The Colorado Preschool Program, Title 1, Title IV, and health coordinators collaborated to hold a Family Literacy Night.

STORIES AND ANECDOTES:

- The district's strategic plan, developed this year, recognizes in writing that schools must provide healthy, safe environments that support students and staff in making healthy choices and the importance of partnerships with the community to ensure success for students.
- An evaluation of comprehensive health education in the middle schools documented parent and student support for health education. This support allowed the district to retain health teacher positions, despite budget cuts this year.
- An assessment in Basalt to determine the needs for a school based health center found health education is strongly supported and wanted by the community and will be an integral component of the health center.
- The Glenwood High School Problem Solving Team (students) wanted to address violence, the environment or health concerns in the community this year. After hearing about Assets they chose to approacn all three problems using the Assets strategy.

OUTCOMES:

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- The American Democracy class at Glenwood Springs High School participated actively in Assets Week by writing articles for the local paper, developing a coloring book demonstrating the assets approach, and distributing asset "fortune cookies."
- RAD HIV/AIDS courses are taught in the 5th - 10th grade health classes district wide.
- Students from Basalt Elementary, Glenwood Springs Elementary, and Glenwood Middle School participated with teachers and community members in the CHAMPS leadership training.
- "Positive parenting" courses were held to provide parents the skills they need to support their children more effectively.
- Students identified substance abuse, eating disorders, relationships, sexuality and stress as the most important domains where they need support.

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- Training and professional development in the RAD HIV/AIDS curriculum was held for fifteen teachers, a nurse, an health aide, the Basalt Family Resource Center director, the district health coordinator, two community members and one school board member.
- Staff, students, community members and parents completed the CHAMPS leadership training.
- The American Drug and Alcohol Survey was administered two years ago; it continues to guide prevention, education and community action on substance abuse issues.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- Peter Benson of the Search Institute presented to an audience of 300 community members. An action committee will implement the Assets approach.
- Presentations were made to parent groups, city councils, chambers of commerce, service organizations, and human service agencies on the Developmental Assets approach.
- Community input was actively sought in the evaluation of the middle level comprehensive health initiative and in assessing the need for health education as part of a school-based health center initiative in Basalt.

DOUGLAS COUNTY SCHOOL DISTRICT RE-1

Castle Rock, CO

Contact: Bob Sackett, Student Assistance/Health Education Coordinator
(303) 688-3195

LOCAL COLLABORATION:

- The Mid-continent Regional Education Laboratory (McREL) assisted in developing the health standards.
- The Multicultural Alliance and the Douglas County Gifted and Talented Association formally accepted the district's health standards.
- The Advisory Committee is comprised of health care professionals, County Health Department personnel, school personnel and other community members. Nine of seventeen members are parents.
- The district is collaborating with the Douglas County Committee on Youth and Families (DCCOY) to conduct focus groups with students and the community to evaluate the assets and needs of the district's growing community and to build awareness and collaboration for prevention initiatives.
- The Douglas County Sheriff's Department collaborates with the district to provide the Drug and Alcohol Resistance Education (DARE) program to sixth graders.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- Parent teacher organizations, the District Accountability Committee, the Classified Employees Advisory Council, and resource and health teachers approved the health standards.
- The ASPIRE Board oversees the district's use of Safe and Drug Free Schools (SDFS) funding and collaborates with the Comprehensive Health Education Coordinator.

STORIES AND ANECDOTES:

- During one community forum, a community member recognized the hard work and dedication reflected in the health standards: "I think you did an excellent job addressing controversial issues. I found the standards to be very sequential, and I think you did a very thorough job tackling an area that has given districts problems in the past."

OUTCOMES:

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- Four students attended the Colorado Comprehensive School Health Conference.
- The Advisory Committee recommended the district provide more support systems and prevention efforts for students and families in response to the concern about the prevalence of student substance abuse and other risk factors.
- The Wings teen parent program helps teen parents prevent further pregnancies and complete their high school coursework.
- Student Assistant Teams in each school provide students mentoring programs, support groups, conflict management techniques, and alternatives to suspension.

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- The district's health standards were written, input was thoroughly sought from the schools, parents and the community, and the health standards were then adopted by the Board of Education. Very little resistance occurred during this process.
- Twenty-one teachers, grades K-6, received training in the Growing Healthy curriculum. This training also included an overview of the Comprehensive Health Education Act and a discussion of the Child Protection curriculum.
- Four secondary teachers and four students attended the Colorado Comprehensive School Health Conference. Three secondary health teachers attended the Mountainside Conference, "Building Resiliency in Youth," and the Summer Institute 2000 Health Conference.
- The Advisory Committee set a goal that 50% of the school staff members will be trained in CPR and First Aid over the next four years. Several received training.
- The Advisory Committee also set goals that a "health care assistant" would be designated in each school and more nurses would be hired by the district.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- Before approval by the school board, the health standards were published in local newspapers, five community forums were held to gather input, and a phone survey was conducted in the community. No revisions were necessary, indicating a high degree of community agreement.

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ROUTT COUNTY SCHOOL DISTRICT RE-1

Hayden, CO

Contact: Marion Gibson, Project Director
(970) 276-3864

LOCAL COLLABORATION:

- Advisory board (Community Action Networking (CAN)) includes parents, senior citizens, a community nurse, a pastor, a law enforcement officer, a sorority member, a local media representative, and a CSU extension employee.
- Routt County Grand Futures
- Routt County HIV Consortium
- Northwest Colorado Visiting Nurses
- Routt County Crisis Team
- Routt County Sheriff's Department
- 4H Club

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- Colorado Trust School Health Initiative (Hayden, East/West Grand School Districts)
- Safe and Drug Free School
- Mountainside conference Colorado School Health Council
- Hall of Life
- Channel 9 Health Fair

STORIES AND ANECDOTES:

- The project director was invited to UNC to present her work.
- The Governor's Council visited Hayden in June, 1997, and was impressed with the supportive volunteerism of the group.

OUTCOMES:

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- Counseling and support groups held both semesters
- Parenting classes offered to the 9th grade
- Peer counseling training with nearby districts (date rape and violence prevention)
- Highway cleanup project
- Channel 9 personal health assessment
- 325 students received Growing Healthy curriculum
- Continued delivering established curriculum to 7th and 9th grade students.
- Alcohol-free after-prom party

Impacts

- No accidents reported after the prom
- More students are requesting to participate on the advisory committee

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- Project Director developed leadership skills
- Channel 9 personal health assessment
- Wrote a grant to address question, "How well is the school community informed of the eight components?"
- Updated elementary school staff with curriculum and materials and established curriculum guidelines.
- Needs assessment identified a need for further emphasis on seat belt/bicycle safety.
- DUI mock disaster event
- PE courses, character building, rock climbing activities.
- Richard Santana presentation "Power of Education" and the play "Secrets" on HIV.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- Active committee involving community college and career planning
- Town Board & Routt County Grand Futures will participate in Teen Center
- Planned community barbeque to benefit Food Service for Fall
- Committee worked to involve the local community college and career planning.
- Collaborated on monthly blood mobile with sorority.

WELD COUNTY SCHOOL DISTRICT RE-3J

Keenesburg, CO

Contact: Marvin Wade, Ed.D.
(303) 659-1033

LOCAL COLLABORATION:

- The comprehensive health advisory committee (CHAC) includes community members, students and staff. Because the Weld County Community Health Task Force has a large geographical responsibility, it holds its meetings separately from the CHAC. However, there is frequent contact and promotion of similar activities.
- The Rocky Mountain Center for Health Promotion collaborated with the district to provide curriculum training.
- Non-CHAC members are invited to assist the CHAC on specific projects; for example, the Child Abuse Resource Team, Student Assistance Program (SAP) organizers, and County Health nurses help with data collection, needs assessment and immunization promotions, respectively.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- DARE
- Gang Resistance Education and Training (GREAT)
- The assistant superintendent recognized that his involvement on the Rural School Psychology Advisory Board could provide the RE-J district with additional expertise in planning and implementing a longitudinal study of resiliency factors.

STORIES AND ANECDOTES:

- The assistant superintendent received positive feedback on how SAP had helped students deal with intra- and interpersonal problems, helped staff become more empathetic, and helped parents get referrals for their child without the stigma associated with "mental health."
- A seven year resiliency study was implemented in the Spring of 1997 as a result of positive feedback on the district's current efforts to promote resiliency.
- Advisory committee members voiced their agreement that classrooms are much more rewarding now that teachers are talking about what the district is doing that is positive and proactive, rather than dealing with issues of the past such as trying to define "abstinence-based," developing a disciplinary "code of conduct" or just trying to scrape together enough funds to buy an essential health-related item.
- The expertise and pride of volunteers and staff are such that they strive to remain current and on the cutting edge. They do not need to be pushed toward change; the system is set up so that it is capable of adopting innovative approaches.

OUTCOMES:

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- The Colorado Child Health Plan was planned and implemented.
- The SAP is available for grades 1-12.
- Just Say No, DARE, and GREAT programs were implemented in elementary schools
- Teenage Health Teaching Modules, life management training, and fitness monitoring were used in grades 9-12.

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- Over 30 support staff attended a development training in-service to learn how to implement SAP and violence/crisis intervention.
- Teacher support services such as the Choosing Not to Lose conference, mock training, curriculum training, and internal and external expertise were offered.
- Growing Healthy curriculum materials and library resource materials were purchased for each elementary school so that greater time could be devoted to health instruction without inconveniencing others waiting to use the materials.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- Supportive parent activities included: parents involvement in development of the district's health education content standards, SAP training, resiliency study organization and implementation; GREAT and DARE celebrations; first aid and CPR training; distribution of "150 Ways to Show Kids You Care" literature; and presentations by outside speakers about the perils of gangs, drugs, violence, tobacco and poor self-esteem.
- Parent volunteers were trained to help inventory all health materials.

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ARAPAHOE COUNTY SCHOOL DISTRICT 5

CHERRY CREEK SCHOOL DISTRICT
Englewood, CO

Contact:	Julie Cyrulik	Dr. Nola Wellman	Sherri Schanbacher
	(303) 764-0144	(303)486-4209	

LOCAL COLLABORATION:

- Includes a relationship with The Midwest Regional Education Laboratory (McRel) and the Rocky Mountain Center for Health Promotion and Education to train secondary health teachers and the Council of Chief State School Officers to pilot and develop the assessment project.
- Parents are represented in the district's Steering Committee on Health Education.
- A vision team, the Community Prevention Project (CPP), seeks to mobilize the community in actively building assets for youth. The team includes parents, other adults, congregations, businesses, neighborhood groups, and government.
- Significant school/community partnerships exist including:
  - Project Connect (mental health)
  - The Listening Post (adult mentors in schools)
  - Family Resource Center (seeking to expand to more school sites)
  - Law Enforcement
  - Student Attendance Review Board
  - Red Ribbon Week (in conjunction with Colorado Federation of Parents)
  - Porter Memorial Hospital Smoking Cessation Program
  - American Lung Association
  - American Cancer Society
  - American Heart Association

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- A six-week family strengthening program, designed to empower parents with tools, knowledge, and parenting skills necessary to build assets children need is offered.
- The district's Building Assets initiative will enhance student, parent, and community involvement in health activities. Asset-building has become part of the curriculum.
- The district's Office of Prevention's Youth Advisory Board also advises the Steering Committee on Health Education.
- Many student assistance programs and student programs are in place to support students, including their health needs

STORIES AND ANECDOTES:

- The Project Director of Cherry Creek's Comprehensive Health Education initiative was invited to serve on a four-person national committee to lead the development of the technological system that will eventually deliver on-demand project results from national SCASS assessment project.

Outcomes:

Students:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- Health education is part of the science curriculum for grades K-5.
- Health education is a required course for middle school students.
- One semester of health education is required for graduation from high school.

Impacts

- According to a 1995 survey of district 10th and 12th graders, 13% of students meet the "vision for youth," compared to a national rate of 6% to 8%. This vision includes having 20 of 30 assets of positive youth development, two or fewer deficits that inhibit positive youth development, spending one or more hours a week in a service activity, and having the presence of two or fewer at-risk behaviors.

School District:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- McRel worked with the district to align their set of health curricula with their national and district health standards, proficiencies, and performance tasks.
- Teachers at all levels were trained in several areas, including revision of the curriculum, assessment, and evaluation.
- The district has actively been involved in the development and piloting of a national project to assess proficiency in the National Health Education standards. Pilots were conducted in two high schools and middle schools.
- This work is evidenced by a thorough K-12 health curriculum guide which was distributed to all teachers.
- A teacher materials and resource booklet was developed as a supplement to this guide by 6th-8th grade health teachers,

Community:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

None reported

EL PASO COUNTY SCHOOL DISTRICT 11

WASHINGTON IRVING MIDDLE SCHOOL
Colorado Springs, CO

Contact: Sam Avalos & Linette Langenhuizen, Counselors
(719)520-2430

LOCAL COLLABORATION:

- Washington Irving Middle School collaborated with the American Cancer Society on The Great American Smokeout so that all teachers could incorporate the event into their classes. Tee-shirts were donated to the school for the event.
- Eight student members of the Prevention Team attended a leadership training conference in Denver and twenty-three attended the Rocky Mountain Youth to Youth conference.
- The church across the street allowed the school to use their facility for their parent seminar day because the event had overgrown the school building.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- Four school districts in the Pikes Peak Region worked together with the police department to examine the need for a drug and violence prevention program for the region to focus on all middle school students. A recommendation was made to implement the program, called "Aftercare Dare," in all area middle schools. This effort would complement the school's health initiatives.
- The school's health and prevention initiatives are all coordinated with the Prevention Team which is largely funded with the Comprehensive Health Education grant.

STORIES AND ANECDOTES:

- One student who had been receiving C's and D's at the beginning of the year entered the principal's office and confessed to using marijuana. The student was encouraged to participate on the Prevention Team where he learned to take risks in leadership roles and build new and more positive relationships and decision-making skills. By the end of the year, this student was receiving all A's and B's and awards at the end of year assembly. He had learned to make decisions that would help him grow personally and academically.
- The Parent Seminar where students and parents together attend a one day conference left participants "refreshed, challenged, and with tools to enhance communication." This is also reflected in a survey of participants where 91% reported the day "valuable" or "very valuable" with regard to content, 70% motivated to change, and 67% with regard to a positive impact on relationships within the family.

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- The participants in the student Prevention Team met weekly to plan events for the student body. Events included:
  - Red Ribbon Week assemblies
  - the Great American Smoke Out
  - a Sidewalk Art contest with the theme, "Making Good Decisions for a Healthy Life"
  - Skit presentations for Irving students and fifth graders from five schools

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- The school has been involved with the "Aftercare Dare" initiative planning for a region-wide middle school level drug and violence prevention and intervention program. This program has been recommended for all middle schools and is waiting district approval.
- Teachers were supported in implementing the Great American Smoke Out activities. Two teachers quit smoking and were especially proud participants.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- Over seven hundred parents arrived at Open House to the patio filled with anti-drug, anti-smoking and anti-pollution messages created by 150 students in the Sidewalk Art contest.
- The Parent Seminar was held for students and their parents to attend together. Over 200 people participated this year.

FOUR YEARS OF COMPREHENSIVE HEALTH EDUCATION FUNDING

DISTRICT	GRANT AMOUNT
San Luis Valley BOCES	$20,000
Denver County School District 1	$15,000
La Plata County School District 9-R**	$15,000
Summit County School District RE-1	$14,857

** No end of year report submitted

SAN LUIS VALLEY BOCES

Center, CO

Contact: Steve DeHerrera
(719) 754-3442

LOCAL COLLABORATION:

- The Center Health Committee includes the superintendent, teachers, parents, health providers, counselors, and a truant officer.
- Channel 9 News, Saguache County Public Health, and Center Headstart helped the Center Health Committee plan and implement the school health fair.
- The Rocky Mountain Center for Health Promotion and Education collaborated with the school to provide curriculum training for teachers.
- Meetings have included the collaboration of: Alamosa Public Schools, The Window Cottage, Pilots for Prevention, Viking Health Clinic, and Caesar Health Clinic.
- Tu Casa (an institute for domestic violence) co-hosted a peer education student retreat in Crestone, CO with the health advisory committee.

STORIES AND ANECDOTES:

- Mark Trujillo, a graduate of Center High School and a victim of HIV/AIDS, presented an assembly on HIV/AIDS. Mark worked for the Colorado AIDS Project and was chosen by the United States Olympic Committee to run with the Olympic Torch. This community was honored to have Mark Trujillo speak in their school.

Outcomes:

Students:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- Peer Education retreat was held in Crestone, CO in collaboration with Tu Casa.

BOCES:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- Three teachers attended the Comprehensive School Health 2000 seminar at the University of Northern Colorado.
- Teachers participated in gang workshops and forums.

Community:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- The curriculum was reviewed by the community and parents during a meeting to gain comments and suggestions.
- Quarterly meetings, newsletters, and newspaper articles are a few of the strategies the school district has used to interact with the community.
- Mark Trujillo gave a presentation on HIV/AIDS to the community.

DENVER COUNTY SCHOOL DISTRICT 1

Denver, CO

Contact: Wendy Pierce (303)691-7305 Estelle Meskin (303)764-6803

Comprehensive Health Education is in its fourth year of supporting health education at Valdez Elementary School-Based Health Center. A grant increase was given in the '96-'97 school year to support district-wide implementation of Comprehensive Health Education. Both sets of activities are described below.

LOCAL COLLABORATION:

- Valdez Elementary School Based Health Center coordinates with many community entities, including: the Governor's Council on Physical Fitness, The Highlands neighborhood "Weed and Seed" project, Kids in Need of Dentistry (KIND), dental students from the University of Colorado, the Colorado Department of Health, and Kaiser Permanente.
- Additional collaborators involved in the district's Comprehensive Health Initiative (CHI) include: St. Anthony's Health Foundation and Health Services, Sunkist Foundation, Blue Cross Blue Shield Foundation of Colorado, the Center for Human Nutrition at the University of Colorado Health Sciences Center, the AMC Cancer Research Center, Cognitive Associates: Research and Evaluation (CA:RE), the Center for Ambulatory Health Care Administration-Medical Group Management Association, and the International Life Sciences Institute-Pan Fellow Program.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- The Comprehensive Health Initiative is integrated with all segments of the Department of Student Services at the district. The most significant partnerships include: Denver-School Based Health Centers, the Denver Community and Teen Pregnancy Prevention Council, and the Drug Free Schools and Communities initiative.
- At Valdez Elementary, other health initiatives which coordinate with the grant activities include: an integrated nutrition project for 3rd, 4th, and 5th graders; a 1st and 5th grade "Shape Up Across Colorado" fitness project; Strengthening Latino Families (a parenting education/skills program); 5th grade tobacco prevention; and injury prevention.

STORIES AND ANECDOTES:

- The dental program at Valdez Elementary has been recognized in the University of Colorado's School of Dentistry News and in Success Stories: How School Health Centers Make a Difference, a special report of the National Health & Education Consortium.

OUTCOMES:

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- At Valdez Elementary, the fifth grade students are mentoring the first grade students on developing physical fitness skills. The fifth graders monitor the heart rates of the first graders as they learn to skip rope, run, and other fun activities to enhance their physical fitness.
- An extensive preventative dental health program has been developed at Valdez. One hundred fifty 1st grade students were taught the Swish and Swallow program and received dental screenings. Forty-one of these students were found to need dental services and referred to Kids in Need of Dentistry (KIND). Ninety 2nd grade students received sealant on their new molars to protect their teeth from decay.
- The district-wide program implemented a violence prevention curriculum, Second Step, in several elementary and middle schools. Positive Life Choices was taught at North High School and, during the summer, at Horace Mann Middle School.

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- A school-wide HIV/AIDS prevention project was attended by more than seventy faculty and staff members of Montbello High School.
- The district wide initiative developed a governance structure, a research and evaluation design process, and a high school course syllabus. Discussions have been held with the district curriculum department to arrange for the high school course to be taught for credit. The goal is to have the course required for graduation.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- A bilingual newsletter is published three times a year to update parents and the community on the activities of the Valdez Elementary School-Based Health Center.
- Over 400 parents, students, and community members attended a health and culture fiesta, which featured a performance by a Mexican dance group and fun physical fitness activities (jumprope and line dancing). Many community health organizations displayed their resources. The neighborhood Weed and Seed program sponsored the fiesta.

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SUMMIT COUNTY RE-1 SCHOOL DISTRICT

Frisco, CO

Contact: Lylia Puckett
(970) 547-9311 x1206

LOCAL COLLABORATION:

- The advisory committee includes teachers, a highway patrol officer, a member of the Summit Prevention Alliance, nurse practitioners, an attorney, a medical doctor, and students.
- The Hall of Life made several presentations at the first high school health fair.
- Planning for the health fair included the efforts of Channel 9 News, a highway patrol officer, a member of the Summit Prevention Alliance, a nurse practitioner, a health teacher, administrators, students, and parents.
- The Summit County Department of Public Health helped conduct an immunization program.
- Summit County Nursing collaborated with schools to conduct a tobacco cessation program for students.
- Dr. Deb Rosenberg, a child psychologist, spoke to 25 parents at the Development and Discipline parent workshop.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- CDE funds sponsored a three day raft trip for high risk students involved in the alternative education program.
- The health fair supports drinking and driving, seat belt safety, and understanding legal issues as a driver Colorado Highway Patrol programs.
- The two school nurses helped deliver the health education curriculum. For example, they co-facilitated the reproduction module addressed in fifth grade.

STORIES AND ANECDOTES:

- Reporters from the student yearbook stated, "Mr. Santana was the best guest speaker this year. His message was powerful--stay in school and out of trouble."
- Open communication between a mother and the school nurse prompted the nurse to question a girl who the mother believed was afflicted by anorexia/bulimia. The student admitted to having the condition and was referred to a mental health professional within a few hours.
- Self-responsibility is a highly valued characteristic of a healthy lifestyle in this community.

Outcomes:

Students:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- Health services were provided to five students in need (dental, mental and medical).
- A diabetic support group was formed for students with collaboration from a community mental health professional who is diabetic. Eight middle and high school students participated. When polled, the students said they enjoyed it and felt supported; they also voted unanimously to continue the program next year and made a poster for the health fair describing diabetes and its effect on the body.
- CPR and first aid training scholarships were provided for ten students.
- A survey of students was conducted by the Search Institute and resulted in the following main findings: deficits in a caring school environment; deficits in youths' perception of themselves as being needed and included; high use of inhalants (almost as high as tobacco); and a lack of competent role models in the community. These findings will serve as a springboard for a community asset-building program.

Impacts

- A secondary student trained in CPR and first aid was able to take action when a student received a serious head injury and an adult was not immediately available.

School District:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- Two in-services were held to review Summit County's Comprehensive Health Education Standards, evaluate curricula and select the Know Your Body curriculum. Four teachers trained in the curriculum and plan to train the full elementary staff.
- Standards for grades K-12 were identified and assessment strategies developed.
- The high school nurse attended a National Society of Pediatric Nurses workshop.
- The elementary school counselor and four parents attended a three day parent training program. The parents now lead other community groups as instructors.
- A health philosophy statement was revised and aligned to district standards.

Impacts

- A survey of Positive Parenting Workshop participants indicated that because of the workshop, they plan to significantly change their parenting methods.

Community:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- Parents were invited to an open house to review new material and give comments.
- A community health resources directory for students, school, parent and community use was written with input from all facets of the community.

THREE YEARS OF COMPREHENSIVE HEALTH EDUCATION FUNDING

DISTRICT	GRANT AMOUNT
Arkansas Valley BOCES	$20,000
Rio Grande County School District C-8	$ 8,097

ARKANSAS VALLEY BOCES

Rocky Ford, CO

Contact: Sheila Henry, Health Education Coordinator
(719) 254-3531

LOCAL COLLABORATION:

- The Arkansas Valley BOCES Health Advisory Council is an avenue for communication between BOCES and the individual school districts. The council is comprised of two representatives from each school district's health advisory committee.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- The following initiatives and programs work in conjunction with the comprehensive school health initiative:
  - Colorado Trust School Health Education Initiative
  - Task Resources for Youth (T.R.Y.) (Champs Have and Model Positive Peer Pressure program, Carnival, Red Ribbon Week)
  - Second Step (a violence prevention program)
  - Tar Wars program (focuses on anti-smoking)
  - Build a Generation
  - The Depression and Stress Support Group

Outcomes:

Students:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- The use of student pre- and post-tests for Know Your Body were added to the available curriculum materials.
- Student health fairs for grades K-6 were available. Approximately 3000 students in Bent, Otero, and Crowley counties attended.
- Speaker Dr. Peter L. Benson presented on risk behaviors in youth and how to promote resiliency to prevent risk behaviors.
- More than 2500 students participated in pre- and post-tests to measure retention.

BOCES:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- Over 100 teachers from six districts participated in Know Your Body in-service training. 40 teachers from two districts were involved in Growing Healthy teacher training.

Community:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- Health education surveys were distributed throughout the community to all age groups. More than 150 surveys were returned. Survey participants represented all eight districts.

RIO GRANDE COUNTY SCHOOL DISTRICT C-8

Monte Vista, CO

Contact: Dr. Timothy Snyder, Superintendent
(719) 852-5996

LOCAL COLLABORATION:

- **Valleywide Health Services provides data for health projects.**
- A local physician assists teachers in class with Health & Human Development unit.
- DARE
- The City Council collaborated with the school to establish a tobacco-free zone around elementary and high schools.
- Community members participated on panels to deliver various health curriculum components.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- **Carnegie grant with health emphasis in middle school**
- The district nurse is the elementary health educator--she looks for ways to integrate general health information into classroom instruction.
- District food service director promotes good nutrition to students and was instrumental in developing a breakfast program for grades PreK-5.
- Comprehensive health efforts have been blended with peer mediation and the high school's Big/Little Buddy program.

STORIES AND ANECDOTES:

- **A nurse encouraged all playground supervisors to carry first aid fanny packs.**
- A friend of a student who had recently completed the CPR/first aid component of the high school health elective class choked on some food, and, as a result of that instruction, the student was able to properly administer the Heimlich maneuver and get her friend breathing again.
- The Know Your Body curriculum was resisted at first by 3rd grade teachers; after observing the implementation of the curriculum for one year, they decided to use these materials

OUTCOMES:

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- Added a 7th grade health class
- Continued peer mediation training and implementation
- Surveyed all middle and high school students on drug and alcohol use
- Established a tobacco-free zone

Impacts

- Fewer students opted out of the 8th and 9th grade sex education units than in the previous year.
- "Tobacco-free zone has made an extraordinary difference in school and community attitudes toward health." Reduction in student smoking during school hours.

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- Trained 24 elementary teachers in Know Your Body curriculum and 15 middle school teachers in Healthy Sexuality curriculum
- Developed a new Health and Human Development component to the 9th grade PE curriculum
- Developed a high school health elective class.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- 9th grade Understanding Sexuality received significant criticism by a group of citizens. This group was engaged in the review and development of a replacement unit in which they have expressed satisfaction.

TWO YEARS OF COMPREHENSIVE HEALTH EDUCATION FUNDING

DISTRICT	GRANT AMOUNT
Elbert County School District C-1	$20,000
Boulder County School District RE-1J	$15,606
El Paso County School District 3	$15,000
Grand County School District 2	$14,700

ELBERT COUNTY SCHOOL DISTRICT C-1

Elizabeth, CO

Contact: Greg Cameron
(303) 646-4441

LOCAL COLLABORATION:

- The health council includes county health nurses as members along with parents, teachers, administrators, and school nurses. A law enforcement official and a district counselor will be added during the '97-'98 school year.
- The Rocky Mountain Center for Health Promotion collaborated with the district to provide training in the Growing Healthy curriculum.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- The DARE program learning objectives and themes were integrated into the district's health standards.
- School counselors coordinate the district's Title IV, Safe and Drug Free Schools, DARE, CARE Training, Red Ribbon Week, and student support services. Counselors will join the health advisory council during the '97-'98 school year, allowing for coordination among these school based initiatives.
- The superintendent, assistant superintendent, principals, and other administrators have been supportive of comprehensive health education. Active participation of teachers was sought and achieved.
- School based accountability groups have been briefed on the progress of health education in the district.

STORIES AND ANECDOTES:

- Teacher feedback from curriculum committees, standard writing committees, the health advisory council, and Growing Healthy curriculum training has been very positive.
- The process of reviewing the curriculum has developed an opportunity for elementary school nurses to become more involved in classroom activities.
- The facilitator training sponsored by CDE helped with the development of the health advisory council but also had the unplanned benefit of transforming the leadership team at one elementary school.
- Teachers who were previously not fully supportive of health education are now supporters of the program.

Outcomes:

Students:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- Students in grades K-6 received an enhanced health education program through the addition of Growing Healthy materials.
- 5th grade students received an expanded semester long course of study with added components of the Growing Healthy curriculum.

School District:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- A review of the district health curriculum standards was conducted. Local standards were written and adopted by the health advisory council.
- A review of health curriculum for 6th-12th grades was completed.
- The district began development of a district scope and sequence for health learning objectives.
- Health education materials were purchased and upgraded.
- Ten teachers and one administrator were trained in the Growing Healthy curriculum.

Community:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- Parents and county health professionals have supported comprehensive health education, particularly through their involvement on the health advisory council.

BOULDER COUNTY SCHOOL DISTRICT RE-1J

ST. VRAIN SCHOOL DISTICT
Longmont, CO

Contact: Mary Taylor, Health Coordinator
(303) 682-7349

LOCAL COLLABORATION:

- **Strong collaborative efforts were started or maintained with the American Cancer Society, the American Heart Association, Longmont United Hospital, the ASSIST Tobacco Prevention Coalition, Friends First, and the Longmont Youth Response Team.**
- The Longmont Youth Response Team (a grass roots assembly of local health agencies) was approached to play a role in an opt-in health class at the high school.
- Kaiser Permanente helped purchase Heart Power supplemental kits from the American Heart Association for all district schools, grades K-6.
- Local businesses donated prizes for a staff wellness program.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- **A collaborative plan was written in conjunction with Safe and Drug Free Schools, and Education for the Homeless Elementary Summer School Program in 1996.**

STORIES AND ANECDOTES:

- **The head cook at a Longmont school was honored for a nutrition lesson developed by Betty Parker. She is an active health committee member and an outstanding teacher in the district.**

OUTCOMES:

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- The middle and high schools received abstinence education (WAIT Training, SALT).
- The middle and high schools held student health fairs.
- A smoking diversion and cessation pilot program began at two middle schools.
- Students took a field trip to Crystal Rapids.
- The '95-'96 American Drug and Alcohol Survey results were analyzed and indicated specific areas of concern for the health committee to study.

Impacts

- The smoking diversion and cessation pilot program resulted in lower tobacco use.
- Evaluations of the science class' dissection learning experience noted, "Health is almost as important as math and social studies."

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- The new Teen Health Curriculum was taught to 250 elementary and 35 middle school teachers.
- Six health teachers and the health coordinator attended the Mountainside Health Conference in Silver Creek.
- A district-wide wellness program for school district personnel called Walk across America and Sailing through the Caribbean was implemented.
- A group of administration staff and a group of school district food service personnel participated in the American Heart Association's Slim for Life Program.

Impacts

- Participation in the American Heart Association's Slim for Life Program started with 18 employees, of whom 11 finished. Total weight loss was 74 pounds, with the greatest individual loss being 10.75 pounds. Of the school district food service personnel, 15 employees began the program and only one did not finish.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- Businesses donated prizes for the staff wellness program.
- Community agencies developed an opt-in program for 9th-12th grade health.

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EL PASO COUNTY SCHOOL DISTRICT 3

Colorado Springs, CO

Contact: Ann Junk
(719) 392-3215

LOCAL COLLABORATION:

- **A police captain participated on the advisory committee.**
- Pueblo School District 60 collaborated for the Student Assistance Program (SAP) program development.
- The Rocky Mountain Center for Health Promotion and Education made a presentation to the Health Education Articulation and Resource team.
- Collaborative efforts have also been made with:
  - Colorado Springs District 11 Alternative Education Programs
  - El Paso County Health Department
  - Colorado Springs Police Department
  - El Paso County Sheriffs Department
  - Cedar Springs Hospital

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- **Comprehensive health education at Widefield provides a blending of programs** aimed at helping young people attain and maintain maximum levels of health; for example, the Bully-Proofing Your School program, the Community of Caring Program funded by the Colorado Trust, Safe and Drug-Free Schools, and the Community Intervention Training of Trainers all work with the advisory committee to provide a comprehensive health education program.
- Physical education teachers, guidance counselors, the superintendent, the public information officer, a school board member, school nurses, and principals were all members of the advisory council.

STORIES AND ANECDOTES:

- **"Before my daughter was in SAP, all we did was yell. The SAP helped to open the** doors we had slammed. Her grades, her attitude and her ability to communicate all improved. I want my daughter in SAP all year, please."
- Because of SAP: "I've gotten things off my chest." "I've let my anger out about my sister, instead of on her." "I talked about my problems and expressed my feelings." "I made a lot of new friends." "I'm not so shy and I have more self-esteem."
- "During the SAP training, I discovered things about myself that I had stuffed inside. WOW, it felt good to get them out. Now I know how great it will feel for my students."

OUTCOMES:

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- A high school graduation health requirement was implemented for the first time.
- Grade K-12 activities include: Community of Caring Program, Widefield Pride Inside, Not Drugs Activities, SAP, Promoting and Acquiring Character Education (PACE)
- Teenage health teaching modules were used in high school classrooms.

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- Staff curriculum trainings
- Staff wellness activities including a 10-week personal wellness class taught by the elementary counselor.
- Bully Proofing Your School staff training

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- SAP awareness presentations for parents, students, and facilitators were made at Colorado Springs School District 11's Teacher Workshop, at the Colorado Counselor Association Conference, and at the Colorado Springs Health Circle.

GRAND COUNTY SCHOOL DISTRICT 2

EAST GRAND SCHOOL DISTRICT

Granby, CO

Contact: Patty Laflin, RN
(970) 887-2581

LOCAL COLLABORATION:

- The District Health Advisory Council (DHAC) includes parents, the president of the PTA, teachers, a juvenile diversion officer, senior citizens, a social worker, students, medical professionals, and a community health resource specialist.
- DHAC, in conjunction with Grand County Emergency Medical Services, sponsored a mock DUI accident for all high school juniors and seniors.
- Local collaborators include:
  - Advocates Victim Assistance Team of Grand County
  - Grand County Social Services
  - Colorado West Mental Health Alpine Center
  - Grand County Health Department
  - Grand County EMS
  - Rocky Mountain Center for Health Education and Promotion
  - Channel 9 News

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- Four student and one adult workshops occurred throughout the year in conjunction with the community prevention organization, Grand Futures.
- The Christian Athletic Fellowship and Grand Futures, in partnership with DHAC, brought Kevin Singleton to the secondary students to address alcohol and drug prevention issues.
- The comprehensive health initiative has been integrated with DARE, Asset Building, leadership and goal-setting programs, Grand County Resources for Youth, and the School to Work Alliance Program initiatives.

STORIES AND ANECDOTES:

- The Know Your Body training elicited such comments as: "Something new I learned is how we can integrate health lessons into our current themes," and "Something new I learned is that children's elementary school habits foreshadow adult life-styles."
- I liked the health fair because: "I learned the importance of recycling plastics and what products you can make of it," and "I liked the food one because it gave you the idea of how much fat is in fast foods."

Outcomes:

Students:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- Health fairs were conducted at each school and served approximately 1200 students.
- The 8th graders began their school year with a leadership retreat (CHAMPS) and ended it with an Olympic competition and the Rite of Passage Experience (R.O.P.E.).
- Other activities included a mock DUI accident scene/extrication for all juniors and seniors; and guest speakers including a dentist, a nutritionist, a public health professional, and a sheriff.

School District:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- Developed district health standards and indicators for grades K-12
- Quarterly wellness activities for staff and students including the Spring Tune-Up in March
- Back to school picnic
- Remodel Our Medieval Playground
- Six members of the DHAC participated in the Facilitating Team Development Workshop for Health Educators.
- Sixty-five people formed 13 teams for the Spring Tune-Up Challenge and walked, skied, and swam a total of 12,007 miles.

Community:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- The Healthy Heart Beats Newsletter was distributed to 700 families in the district.
- An evaluation project involving community, staff, students, and parents was developed to measure the strength of each component of their program and will be administered during the 1997-98 and 1999-2000 school years.
- A community health resource guide was developed.

ONE YEAR OF COMPREHENSIVE HEALTH EDUCATION FUNDING
IMPLEMENTATION GRANTS

DISTRICT	GRANT AMOUNT
Rio Blanco County School District RE-1	$20,000
Adams County School District 14**	$19,942
El Paso County School District 2	$19,890
La Plata County School District 11-JT	$19,350
Park County School District **	$18,800
Mesa County School District 51	$15,000
UNC Lab School	$ 7,000

** No end of year report submitted

RIO BLANCO COUNTY SCHOOL DISTRICT RE-1

Meeker, CO

Contact: Debra Sue Cook
(970) 878-4005

LOCAL COLLABORATION:

- **The advisory council includes a strong cross-section of the community. This** advisory council was active in the selection of the Health N' Me curriculum for PreK through grade 5:
  - a parent group representative
  - the Mayor
  - a public health nurse
  - an ambulance service professional
  - Exceed, a community-based organization for youth
- In addition, a doctor from the Meeker Family Clinic and board members from the Youth Services Board and Human Resources Council consulted in the process of selecting the Health N' Me curriculum.
- A community task force was formed to investigate the steps involved for establishing a town ordinance regarding teenage smoking.
- Local professionals, including the county health nurse, and parents are involved in the delivery of the health curriculum to students.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- **The county health nurse, the sheriff, police and fire departments and ambulance service staff supported the following health activities:**
  - Preschool health screenings
  - Red Ribbon Week
  - DARE
  - Adolescent Education for 5th grade
- Both school nurses and the physical education department staff will be responsible at school for delivering the curriculum.

STORIES AND ANECDOTES:

- **"The response from the community has been overwhelming in the positive** comments and support that we have created."
- Meeker will be working to expand their delivery of the health curriculum to the middle school next year.
- There is a belief that in the community, "there are now more people who understand what a health curriculum is and what it involves."

Outcomes:

Students:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- Preschool health screenings
- Red Ribbon Week
- DARE
- Fire Prevention Week
- Adolescent education for 5th grade students

School District:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- Site visits were made to existing exemplary programs.
- Staff also traveled to Denver to review existing curricula; this included consultation with the Rocky Mountain Center for Health Promotion and Education.
- A workshop was provided by the Rocky Mountain Center for all elementary teachers to learn about and participate in the selection of the health curriculum.
- The selected curriculum was presented to and approved by each school's accountability committee, the district accountability committee, and the school board.
- Training for elementary school teachers to provide them the skills and knowledge to teach the full curriculum was set for presentation during the summer.

Community:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- Teachers recommendations for the curriculum selection were reviewed by the health content committee of the advisory council. Their selection concurred.
- Materials were set to be available for review by parents and other community members.

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EL PASO COUNTY SCHOOL DISTRICT 2

HARRISON SCHOOL DISTRICT
Colorado Springs, CO

Contact: Mary Buchanan, Safe and Drug Free Schools Resource Teacher
(719) 579-2038

LOCAL COLLABORATION:

- The Health Advisory Council includes several community members, including a City Council representative, a community businessman and athletic trainer, and a police officer.
- The City of Colorado Springs funds the Drug and Alcohol Resistance Education (DARE) in the district.
- Colorado Springs is also involved in the Developmental Assets initiative. The district adopted this strategy for community involvement as part of the strategic plan. The tenets of this initiative will complement comprehensive health education by encouraging and supporting relationships among students and adults.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- The Health Advisory Council and the Safe and Drug Free Schools Advisory Council members are the same, thereby resulting in intentional coordination between the two grants' activities.
- The Drug and Alcohol Resistance Education (DARE) initiative addresses health education issues in the 5th grade.

STORIES AND ANECDOTES:

- Although the Here's Looking At You 2000 curriculum is not yet taught uniformly throughout the district, where it is being taught, the teachers and students are enthusiastic.
- The eleven staff members trained in the curriculum were eager to use it and were hopeful the curriculum would yield positive results in addressing the problems of drugs and alcohol in an age appropriate and fun manner.

OUTCOMES:

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

No activities were reported in this area.

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- Sixteen kits supporting delivery of the Here's Looking at You 2000 curriculum were purchased. The district now has four kits for each grade, K-5.
- Eleven elementary school staff (teachers, nurses, and counselors) were trained in curriculum delivery. There is now on average one person per elementary building trained in the curriculum.
- Discussions began, and will continue during the '97-'98 school year, regarding integrating the health education curriculum into the science curriculum.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

No activities were reported in this area.

LA PLATA COUNTY SCHOOL DISTRICT 11-JT

Ignacio, CO

Contact: Norma Conley
(970) 563-9434

LOCAL COLLABORATION:

- **As a result of local collaboration efforts, many student activities were implemented.** Community collaboration included the Women's Resource Center, Operation Healthy Communities, the Southern Ute Community Action Program, the Indian Health Center, and the Ignacio Police Department.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- **KESLO (problem solving and conflict resolution skills training)**
- DARE
- Red Ribbon Week
- Student Halloween Carnival
- Bobcat Award Program (commends kids exhibiting positive behaviors and good decision making skills)
- American Cancer Society
- Drop Inn Center (provided a 24-hour physical exercise relay)

Outcomes:

Students:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- K-3rd grade students received problem solving and conflict resolution skills training through the KESLO program taught by the school counselor.
- During the month of October, all elementary counselors focused their lessons on drug awareness and refusal skills.
- Drug-free instructional material was sent home with each third grader. The material promotes activities for families to do together that reinforce the refusal skills and healthy choices taught in school.
- Fifth graders received year-long training in Breaking the Cycles of Violence.
- Fourth graders received tobacco free education from the American Cancer Society.
- Rich Bend, a motivational speaker on the effects of smokeless tobacco, spoke at an all school general assembly.

School District:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

None reported

Community:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- The teen youth advisory council worked in conjunction with Operation Healthy Communities to plan, implement, and fund teen youth activities that promote an alcohol and drug-free lifestyle.
- A drug and alcohol free New Year's Eve celebration was organized for all district families.

MESA COUNTY VALLEY SCHOOL DISTRICT 51

Grand Junction, CO

Contact: Theresa Kottenstette
(970) 245-2422

LOCAL COLLABORATION:

- **The Advisory Council includes community representatives from: Rocky Mountain** HMO, the Colorado Department of Health, Holy Family School, Foster Communications, the American Cancer Society, the Grand Junction Police Department, and the F.A.C.T. Foundation.
- Funds were leveraged from two community organizations, the Medical Society and Alliance Funds, to support conflict mediation and parent involvement activities.
- Twelve state and local organizations were asked to provide high quality interactive displays for the middle school health fairs. The "Give 'Em Health" fairs were supported by Channel 9 News.
- An Asset Building presentation was held in collaboration with the Search Institute resulting in ideas for developing assets by community members, parents and other family members, teachers, and other school staff.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- **A Joint Advisory Council was appointed for Safe and Drug Free Schools (SDFS) and** Comprehensive Health Education (CHE) thus allowing for integrated planning to maximize the effective use of available resources and coordinate programs.
- The district is combining local community and grant program resources to establish the set of prevention activities needed by the students in the district. For example, Youth Engaged in School (YES) coaches (to encourage students to stay in school) and parent liaison positions have been funded at all the middle schools, using a combination of funding sources, including CHE funding.

STORIES AND ANECDOTES:

- **The results of the parent liaison role piloted at Orchard Mesa Middle School was** reported to be very effective. For example, an after school "parent patrol" stopped fights, caught youth hiding waiting to confront other students, and discouraged older youth interested in recruiting gang members away from the school. Local businesses were so pleased with this activity, they granted parents paid leave to serve their patrol shift.
- The Advisory Council recognized the current limitations of teachers to fully embrace comprehensive health education because of their focus on implementation of state-mandated standards and assessment innovations. The Advisory Council then identified other ways to support teachers and also meet the health needs of students in the district.

OUTCOMES:

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- Channel 9 Give 'Em Health" fairs were held at two middle schools to increase student understanding of health and provide an interactive opportunity for students to learn more about their health. Over 1000 students attended.
- An established comprehensive health education curriculum is in place. However, an effort needs to be made to encourage schools to teach more pieces of the established and available curriculum. A strategy to promote teachers' health is being planned.
- Youth Engaged in School (YES) coaches were hired in each middle school to support students to stay positively engaged in school.

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- The Joint Advisory Committee for SDFS and CHE examined the need for and implemented the role of a parent liaison for the middle school level. This position was piloted successfully at one school. The intent is to benefit students, parents, and the community by increasing the comfort level with the school and school bonding.
- Staff wellness activities are being planned to demonstrate to teachers the value of health education.
- Several students and district staff members attended the Colorado School Health Council Conference. The health coordinator attended the Comprehensive Health 2000 Summer Institute to update her knowledge about curricular resources available and learn more about how other districts are implementing CHE.
- The Joint Advisory Committee began developing a strategic plan for improving health education in the district.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- A community presentation was delivered in conjunction with the Search Institute to promote an understanding of the developmental assets strategy.
- Mesa State College senior nursing students completed a community health project at Orchard Mesa Middle School. This work included conducting a survey of parents regarding their school involvement and opinions about how relations with the school could be improved. This work resulted in new strategies for parent involvement at Orchard Mesa Middle School.

UNIVERSITY OF NORTHERN COLORADO LABORATORY SCHOOL

Greeley, CO

Contact: Mona Worden
(970) 351-2096

LOCAL COLLABORATION:

- The University of Northern Colorado Lab School is fortunate to have access to the resources of the university; particularly, the school is working with the biology, psychology, and counseling departments to provide presentations to high school students on heredity and development, mental and emotional health, and child development. Within the university, they are also actively collaborating with the Bacchus program, which has inspired the peer educators to organize fun and interesting activities, and the Assault Survivors Advocacy Program.
- The Advisory Council includes two parents who are also a nurse and a farmer, respectively; a representative from the drug education and prevention program at UNC; a clergy member; a law enforcement officer; a teen parent who is also an alumnus of the school; an elementary school parent; the school nurse; and a Child Advocacy Resource Education staff member.
- A community member, Mr. Schweers, trained students in Change Maker.
- The school has developed a list of community resources they hope to access for student presentations during the 97-98 school year, including: Planned Parenthood (regarding STDs, HIV, and AIDS) and teen pregnancy (abstinence emphasis); law enforcement (regarding gangs and auto safety); the Alcohol Resource Center; the Colorado Health Department (regarding environmental health, tobacco, and immunizations); Child Advocacy Resource and Education (regarding parenting and child abuse); and, the Red Cross (first aid and injury prevention).
- The Lab School is continuing discussions with Eaton Middle and High Schools regarding the possibility of integrating the program there. This would contribute to the goal of fostering a philosophy of individuals being both healthy life-long learners and teachers.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- The school currently has a set of prevention activities in place, including a planned, sequential comprehensive health education curriculum. The grant has supported the addition of the peer educators; they will support both the delivery of the health curriculum and other prevention activities.

STORIES AND ANECDOTES:

- A mother of a peer educator wrote a letter noting the gravity of the issues facing students at the Lab School and supporting peer education as a very effective approach for reaching other students: "Peer counseling is teaching her how to help without being hurt herself."

Outcomes:

Students:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- A planned, sequential health education program is being delivered in all grades at the school.
- Peer educators were trained in the Change Maker curriculum and the Comprehensive Health Education Act. The training provided them strategies for helping peers and assisting adults in planning activities.
- Peer educators supported the existing prevention programs by organizing after-activity events and assemblies.

Impact

- Every student who received the Change Maker training reported they learned new skills for helping themselves and/or others. Two students reported they actually changed their own behavior (e.g., avoided fights) because of what they learned. Two other students reported they taught their parents about what they had learned.

School:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- The peer educators worked with the adults to determine the best composition of an advisory group. Potential members were identified, and several agreed to become members.
- An extensive, multi-year plan for implementing the peer counseling model was developed, including plans to share the model with other schools.
- Several survey instruments, targeted to specific grade levels, were developed to establish a baseline of data regarding student health knowledge, attitudes, skills, and behavior.

Community:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- An effort was made to identify community members to actively participate on the Advisory Board.
- Community resources were accessed by the peer educators.

ONE YEAR OF COMPREHENSIVE HEALTH EDUCATION FUNDING
PLANNING GRANTS

DISTRICT	GRANT AMOUNT
Clear Creek County School District RE-1	$ 7,000
Weld County School District RE-2	$ 7,000
Routt County School District RE-2	$ 7,000
Grand County School District 1-JT	$ 6,879
Weld County School District RE-8	$ 6,073

CLEAR CREEK COUNTY SCHOOL DISTRICT RE-1

Idaho Springs, CO

Contact: Stan Miller, Co-facilitator
(303) 569-3251 ext. 306

Carol Brunz, Co-facilitator
(303) 454-3421

LOCAL COLLABORATION:

- **The health advisory committee includes parents, educators, the school nurse, and a school board member.**
- The Clear Creek County Leadership Council serves as a "sounding board" for the health advisory committee. The leadership council is comprised of representatives from more than 25 agencies and organizations that serve the children, youth, and families of Clear Creek County.
- Community partners collaborating with the school district include:
  - Rocky Mountain Center for Health Promotion
  - Clear Creek School Board
  - Clear Creek District Accountability Committee
  - Clear Creek Leadership Council
  - Clear Creek County Government
  - Jefferson Center for Mental Health

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- **While no specific agreements have been made with organizations regarding roles in the implementation of a district-wide comprehensive health education program, integration with the initiatives of these organizations has been considered:**
  - Aspen Center for Marriage and Family
  - Center for Mental Health
  - Clear Creek County Department of Human Services
  - Clear Creek Metropolitan Recreation District
  - Clear Creek Community Service Center
  - Local and County Law Enforcement Agencies
  - Clear Creek School District School-to-Career programs

STORIES AND ANECDOTES:

- **The community assessment allowed for a public call by members of the school board and other community members to address the need for teachers and district staff to model healthy behaviors.**
- Simple parent surveys will be distributed at parent-teacher conferences in order to collaborate services and gain important information.

OUTCOMES:

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- Clear Creek County is in its planning year; therefore, no student activities were implemented.

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- A preliminary report and recommendations submitted by the health advisory committee to the school board and the district accountability committee prompted the school board to commit $10,000 toward the implementation of a comprehensive health education program for the district.
- A questionnaire was distributed to all district teaching staff that gathered information regarding the amount, type, and length of time specific elements in a comprehensive health education program currently being taught.
- Representatives of the health advisory committee attended the Bidder's Conference for School Based Health Center Initiatives.

Impacts

- Questionnaire results indicated that teachers provided frequent drug and violence instruction but less frequent instruction on alcohol and tobacco use, sexual abuse, and school drop out problems.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- Public presentations of the information contained in the needs assessments served to educate the general public on the nature and scope of the health issues facing the youth in this community.

Impacts

- The information provided in the public presentations lent continuing support to a variety of activities designed to promote healthy choices among the youth in this community (after prom parties, the skate board park, alternative activities for youth, peer leadership program, and the mock DUI).

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WELD COUNTY SCHOOL DISTRICT RE-2

Eaton, CO

Contact: Pat Lawler
(970) 454-3402

LOCAL COLLABORATION:

- "Eaton School District believes that the composition of the Advisory Council should be representative of the community as a whole. As a result, our committee includes members of the health care (dentist, pediatrician, nurse), business, clergy, law enforcement, and education professions; bilingual and multicultural members of the community; people with special needs or physical handicaps; and parents from each level of our district."
- A partnership with UNC is being developed with the nursing, health education, community health, kinesiology, and physical education departments.
- The Weld County Health Department coordinated the formal needs assessment.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- A health curriculum representative serves on the district's Curriculum Advisory Council.
- Several Advisory Council members are also members of the Safe and Drug Free Schools (SDFS) Council. The results of the needs assessment conducted for health education will also be used to guide the most effective use of the SDFS funds. The goals and activities of these two programs have also been aligned.
- A district wide Alternative to Suspension (ATS) program was also established this year with a grant from the Colorado Department of Education (CDE). Students in the ATS program present health-related concerns, particularly risk behaviors. The needs assessment will also help inform the choice of services offered to these students.
- Drug and Alcohol Resistance Education (DARE) and Gang Resistance Education and Training (GREAT) programs are also coordinated with the Comprehensive Health Education initiative.

STORIES AND ANECDOTES:

- The district has designated a specific health curriculum budget item.
- Three third grade students caught trying to smoke marijuana during school time and the suicide of a high school student this year have validated the need for a health education program in the Eaton community. This was reflected in formal recognition of the need for a comprehensive health education program in the district's strategic plan.
- A middle school assistant principal who participated on the Advisory Council noted, "In my twenty years of education and committee involvement, I have never been a part of such a dedicated and community-represented group working together to accomplish a goal."

OUTCOMES:

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

No activities were reported in this area as this was a planning grant.

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- The Comprehensive Health Education initiative was integrated with the district's strategic plan.
- A district wide needs assessment for the Comprehensive Health Education curriculum was completed. This has not been done in any other curriculum area.
- Weld 6 (Greeley), Manitou Springs, and Loveland school districts were visited to observe high quality health education initiatives.
- Technology and library searches were conducted with the assistance of UNC as another source of information on the components of successful health education programs.
- A review of the current health education curricula was conducted to align district curricula with national standards for health education.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- An extensive community needs assessment involving surveys, focus groups, and interview with key informants was conducted with students, families, and community members. This was the first time these groups have been active members in developing a comprehensive health plan.
- The Rocky Mountain Center for Health Education and Promotion was contacted for information regarding community involvement.

ROUTT COUNTY SCHOOL DISTRICT RE-2

Steamboat Springs, CO

Contact: Carol Hanger and Ann Keating
(970) 879-1058

LOCAL COLLABORATION:

- Approximately half of the health advisory council is comprised of non-school community members, including doctors, counselors, Routt Memorial Hospital staff, visiting nurses, a pharmacist, Planned Parenthood, the police department, mental health services, and the ministerial alliance.
- Grand Futures, a tri-county managing agency focusing on substance use, collaborated with the schools to administer a drug and alcohol survey of 6th, 8th, 9th, and 11th grade students.
- The Grand Futures Prevention Coalition (250 people!) began to work on building community programs based on the 40 developmental assets approach.
- Northwest BOCES and the Hayden School District have many health materials and will guide us in our development of our health program.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- Existing school health and prevention initiatives are minimal. However, there is strong support from the school superintendent and the high school and middle schools principals to initiate a district-wide comprehensive health education program.

STORIES AND ANECDOTES:

- The initial meeting of the local health advisory council was poorly attended. After a significant effort to recruit new members and assess their knowledge and ideas, a very strong council of 36 members exists.
- Project directors are now recognized locally as "experts" on comprehensive health education.

OUTCOMES:

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- A one semester requirement of health education has been established for 9th or 10th grade students as of the '97-'98 school year.
- A teacher has been hired to teach the high school course.
- Baseline data was established on the level of substance use by students in the community. This data lays the foundation for monitoring impact in the future.

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- The Rocky Mountain Center for Health Promotion and Education visited and allowed for a review of possible elementary school curricula.
- The project directors successfully formed a local advisory board for their initiative.
- The teacher of the high school health courses will also serve as district coordinator for comprehensive school health.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- The advisory council was expanded to be more inclusive, to establish greater participation, and to determine their perspectives and knowledge on comprehensive health education.
- The level of community participation in the Grand Futures Prevention Coalition confirmed the choice of substance abuse as a priority area for comprehensive health education.
- The visiting nurses association, Grand Futures, and Planned Parenthood have committed to participate in implementation.

GRAND COUNTY SCHOOL DISTRICT 1-JT

WEST GRAND SCHOOL DISTRICT

Kremmling, CO

Contact: Theresa McElroy
(970) 724-3656

LOCAL COLLABORATION:

- The Health Advisory Team (HEAT) includes the West Grand Nutrition Program director, parents, a local physician, students, community members, a mental health director, teachers, a superintendent, school principals, a school nurse, a public health nurse, the Kremmling Hospital Wellness Center, radio media, law enforcement, a City Market businessman, a clergy member, a Kremmling preschool teacher, and representatives from the Build a Generation and the Grand Futures programs.
- The Rocky Mountain Center for Health Promotion and Education helped train teachers in the curriculum.
- Kremmling Hospital, Grand County EMS, Kremmling Volunteer Fire Department, and the Grand County Coroner all assisted with the mock accident, and often provide educational programs for students.
- The library, the Rotary Club, and senior citizens donate time to support student activities.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- Grand Futures is involved with programs in the schools.
- Build a Generation works with students on drug free activities.

STORIES AND ANECDOTES:

- To encourage exercise, participants in the staff wellness program got on the school bus and were weighed on a large cattle scale. It was great camaraderie, and resulted in many laughs.

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Outcomes:

Students:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

- Sixty community volunteers and students put on a mock car crash just before prom.

Impacts

- After the mock car crash, no students in the community were known to have been drinking and driving during prom.

School District:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- Staff wellness program
- Continued efforts are being made to enhance, implement and evaluate the PreK-12th grade comprehensive health curriculum and resource materials.

Community:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- Sixty community volunteers and students put on a mock car crash just before prom.

Impacts

- Of the 50 members of the HEAT approximately 25 attend on a regular basis.

WELD COUNTY SCHOOL DISTRICT RE-8

Ft. Lupton, CO

Contact: Nancy Weber, Health and Wellness Coordinator
(970) 857-6201

LOCAL COLLABORATION:

- Specific efforts were made to ensure diverse and student representation on the Health Education Advisory Committee. Several students, parents and other community members such as a fireman, community health provider and family physician are active members of the committee.
- Members of the committee were very active in the planning work accomplished including developing and reviewing documents, organizing community forums, and regularly providing input.
- Significant collaboration with area law enforcement agencies exist to deliver programs such as fire prevention, safety, bicycle safety, and other safety related educational programs.

INTEGRATION WITH OTHER SCHOOL HEALTH AND PREVENTION INITIATIVES:

- The school district participates actively in the Safe and Drug Free Schools project. This program primarily affects the fifth grade but also complements the health education program in other grades.
- The peer helpers program at the high school is coordinated with health education.
- The Drug and Alcohol Abuse Resistance Education (DARE) and Gang Resistance Education and Training (GREAT) are both delivered in the middle school in collaboration with the Ft. Lupton Police Department. The programs teach law-related education, conflict resolution, and violence prevention strategies and skills.

STORIES AND ANECDOTES:

- The visit to the Rocky Mountain Center for Health Promotion and Education (RMCHPE) helped tremendously to increase teachers' understanding of the Comprehensive Health Education Plan and the need for curriculum revision. The visit helped get some educators who had previously been resistant "on board," and provided momentum and enthusiasm that carried the whole group of teachers forward productively for the rest of the year.
- At one of the community forums held to discuss Comprehensive Health Education, a physician took an interest in the work and volunteered to serve on the advisory committee. Her participation has been valuable and will continue.
- Two parents also responded positively to the scope of work accomplished which was presented at the community forums; as a result, they committed their support of participation to the advisory committee.
- At the end of the school year, the Council for Curricular Excellence and the Board of Education approved the curriculum work plan.

OUTCOMES:

STUDENTS:

"Positive health knowledge, attitudes, and practices are achieved and maintained"

22-25-104(3)(B)(II)

Activities

Because this was a planning grant, no activities were reported in this area.

SCHOOL DISTRICT:

"Ensure that positive health knowledge, attitudes, and practices are achieved & maintained"

22-25-104(3)(B)(II)

Activities

- Ten health and physical education teachers from the district took a one day visit to the Rocky Mountain Center for Health Promotion and Education (RMCHPE) to review and borrow curricula, resource materials and hear presentations by the center's staff on the status of health education both in Colorado and nationally.
- The health education standards committee met separately with both the physical education curriculum committee and the science curriculum committee to discuss areas of overlap and support among each curricular area.
- A curriculum workday was held to develop a curricular work plan. This plan specifically outlined at each grade level the gaps in curriculum and identified strategies to meet these needs.
- A preliminary review and discussion regarding possible assessment tools to determine the impact of the revised health education program were held.

Impact

- A pre and post test of teachers delivering health education and members of the Health Education Advisory Committee demonstrated a substantial increase in the level of comprehensive health education knowledge and understanding.

COMMUNITY:

"Ensure that the program reflects the health issues and the values of the community"

22-5-106(1)

Activities

- Membership of the Health Education Advisory Committee increased from nine to twenty-two this year.
- Two community educational dinner forums were held where the Act was explained and the local Comprehensive Health Education Plan was presented. Valuable discussions were held, for example, the age appropriateness of specific materials and content and the need to integrate the health curriculum into other academic areas.
- Curriculum work plans were distributed regularly throughout the year to inform the community of progress.
- A reference book was developed to explain Comprehensive Health Education to the community, school personnel, and the advisory committee members, including identification of local, regional, and state resources.

BARRIERS TO SUCCESS

The school districts and BOCES participating in Colorado's Comprehensive Health Education Act (CHE) face challenges in their efforts to provide a comprehensive approach to health education. The challenges, or barriers, they report are summarized in four major categories: process, implementation, resource and evaluation.

Process Barriers

- A few districts experienced slow, resistant decision making regarding issues such as the content of sex education curriculum, which curriculum to use, and whether the community should take a scientific or wellness approach to curriculum. Although this resistance is time consuming, it is necessary to address to build acceptance for implementation.
- The advisory committee process was sometimes difficult. Scheduling meetings into the timeline of school operations and conducive to all members' schedules and maintaining membership (when new members came on board they had to be educated on the goals and objectives of the grant) were all mentioned as obstacles that slowed forward progress. In one case, a misdirected, off-track advisory committee was a barrier to creating community partnerships.
- In another case, a narrowly defined curriculum made efforts to maintain health education as a priority difficult.
- In Monte Vista, the opposition of local tobacco vendors was a barrier to implementing a tobacco free zone.
- One district, in particular, experienced difficulty in promoting a CHE program because the community had little awareness of health issues.

Implementation Barriers

During implementation, districts faced specific barriers which made efforts to provide the planned instruction and activities of their CHE program difficult:

- Teachers' resistance to a change in curriculum made efforts to implement health education into other discipline areas difficult.
- The typical nine month school calendar presents a challenge for those wanting to provide comprehensive health education and services year round.
- In some cases, difficulty coordinating schedules for professional program facilitators presented problems in delivering instruction as scheduled.
- Insufficient coordination of materials and resources made implementation of curriculum difficult in some districts; this often resulted in teachers feeling frustrated.

RESOURCE BARRIERS

Financial Support

- The majority of districts indicated a concern regarding future funding. Efforts to secure on-going support from the community often consumed a large amount of time.
- Some districts noted that budget cuts had already affected their CHE program by eliminating teachers, counselors, support staff, and middle school sports. These budget cuts produced barriers to districts' ability to provide health-related services. Gaps between program needs and services available were often the result.

Time

Time was reported as a multifaceted barrier. These facets included:

- The timeline was too short.
- Teachers have a limited amount of time; core discipline areas (science, math, language arts) are priorities. This produces competition for limited instructional time.
- Due to time limitations, teachers are unable to commit to trainings, workshops, staff development, and advisory council meetings.
- Limited classroom time is an obstacle to integration of health curriculum into other disciplines.
- It is difficult to schedule a mutual advisory council meeting time convenient for all members. As a result, people, ideas, and information are often left out.
- The timeline of the CHE grant is sometimes incongruent with the timeline of the district.
- Educators are concerned they will lose their job if they spend time participating in workshops, etc., and not in the classroom.

EVALUATION BARRIERS

Evaluation is a critical component of CHE programs. Evaluation should be formative; that is, it should provide feedback to programs in an on-going way.

- A few schools indicated they knew little about evaluation or how it was to be used in their program.
- They also found difficulty collecting data and need support in understanding how to use it for measuring their program's success.

Each school district and BOCES experienced one or more barriers to planning or implementing their program. Overcoming these barriers requires continued efforts and teamwork, both within the school district and in the community. Creative approaches will allow communities to move beyond barriers and provide the education and services which make our children's lives healthier.

COMPREHENSIVE HEALTH EDUCATION PROGRAMS
1996-97 ACCOMPLISHMENTS

The Colorado Comprehensive School Health Program Initiative encourages every school district to begin or enhance comprehensive school health programs to promote healthy lifestyles and prevent risk behavior for every student, preschool though 12th grade.

For the 1996-97 school year, the Initiative:

1. Designed an RFP process to fund new Comprehensive Health Education programs in collaboration with the Alternatives to Suspension initiative. Funded 21 new planning grants, 16 Carnegie Middle Schools and 17 continuation programs.

2. Provided technical assistance on the Comprehensive Health Education Act to local school districts, community members and parents through over 1,200 phone calls.

3. Provided technical assistance to 54 funded projects through 4 site visits, a Fall statewide meeting for 75 local representatives, a Spring meeting for 50 project coordinators, and over 500 phone calls.

4. Integrated Comprehensive School Health Programs into 16 state Carnegie Turning *Points* Middle Grade Reform schools and provided professional development for 50 middle school team members in team development strategies.

5. Designed a pilot program to fund 8 districts/buildings to integrate the "Law Related Education" amendment activities into the Comprehensive School Health Program Initiative.

6. Supervised Colorado's participation in the National Health Education Assessment Project sponsored by CCSSO in collaboration with the Health Department, Cherry Creek Schools and the Rocky Mountain Center for health Promotion.

7. Collaborated with the Department of Public health and Environment to connect School-Based Health Centers, ASSIST Tobacco Prevention in Schools, Oral and Dental health in schools, the Governor's Council on Physical Fitness, Injury Prevention for school-age children, Community Health Education and the Adolescent Health Advisory Council with Comprehensive Health.

8. Designed a process to co-fund schools and their communities to jointly plan for comprehensive school health programs and school-based health centers with the Department of Public Health and Environment.

9. Coordinated a statewide speaker's tour by a violence and gang preventionist for four funded sites.

10. Facilitated the State Advisory Council and Student State Advisory Council for Comprehensive School Health Programs.

11. Provided training in facilitation and team development skills for 18 coordinators of local health advisory councils.

12. Chaired the Comprehensive School Health Education Task Force for the American Cancer Society, Colorado Division.

13. Collaborated with higher education to develop professional development opportunities and improve preservice training for teachers. Fifty local health educators were trained at the Summer Institute.

14. Provided leadership in support of Comprehensive School Health Programs within the Department of Education and statewide.

15. Co-sponsored a Teen Baseline training in drug prevention for 30 local school health and prevention specialists in collaboration with the Safe and Drug-Free Schools program.

16. Developed a state evaluation plan to measure program impact and effectiveness across programs in collaboration with the Colorado Foundation for Families and Children.

17. Provided training in Comprehensive health Education at the National Summer Institute for 75 Carnegie Middle Schools, at the state Robert Wood Johnson Initiative orientation for seven new programs, at an orientation for the 15 new project directors with planning grants and for the new State Advisory members as an orientation.

18. Coordinated all state-level efforts in support of Comprehensive School Health Programs through the Colorado Connections for Healthy Kids Collaborative.

Dear Kathy,

Thank you for the Health Fair. I learned alot. My favorite station was all of them. I always wear my helmet even when I go roller blading. The Buckle up key chain was neat. I might even put it on my bike when I get home.

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